

January 17, 2002

TO: USERS OF THE UNDERGROUND INJECTION CONTROL (UIC)
 APPLICATION FORMS

SUBJECT: REPRODUCTION OF THE UIC APPLICATION FORMS

UIC application submittals must be made on the application forms provided by the UIC program. If application forms are reproduced, the reproductions must be exactly the same. Wording, line spacing, and page numbering should not be changed; additions or deletions should not be made to the forms. Current and appropriate application forms must be used.

If application forms are altered or used for the wrong purpose, the submitted application will be deemed invalid and be returned for correction. When using the application forms, please follow the application instructions in order to produce a satisfactory application for UIC program review.

Submitted applications may be subject to public review as well as review by other agencies. The use of the appropriate application forms will help to prevent technical and processing difficulties.

Thank you for bearing with this requirement. We are committed to applying the UIC application forms fairly among all applicants and to assure that the content and quality of the forms are not compromised in a manner that may affect the validity of an application.

2001

UNDERGROUND INJECTION CONTROL (UIC)

Department of Health
State of Hawai'i

INSTRUCTIONS FOR COMPLETING THE CHANGE-OF-OPERATOR APPLICATION FOR A UIC PERMIT TO OPERATE (October 2000)

Attached are instructions to assist in completing the change-of-operator application. The listed instructions correspond to the numbered items in the application. The change-of-operator application is used only to change the operator as identified in a UIC permit. This application form is not for other application purposes.

All items must be accurately and completely answered. An inaccurate or incomplete application is not acceptable. If an item does not apply, please enter "Not Applicable" to show that the item was given consideration.

The services of a professional consultant are recommended to complete and service the application throughout the permit-application process. Professional services enhance efficient processing.

After satisfactory completion of the change-of-operator application, and satisfactory review of the application by the UIC program, a UIC permit is issued to the applicant. Limitations and conditions, and the term (duration) of the UIC permit, are explicitly described in the UIC permit.

The UIC permit resulting from a change-of-operator application typically contains limitations, conditions, and a duration that have been previously established under the prior permittee. However, the UIC permit issued to the new operator (new permittee) should not be presumed identical to the prior UIC permit. The UIC permit for the new permittee should be carefully read for permit responsibilities upon the new permittee.

A filing fee of \$100.00 payable to the State of Hawai'i is required to initiate the application. Governmental agencies are exempt from the filing fee.

Questions about the UIC permit application may be directed to either Jaime Rimando, Norris Uehara, or Chauncey Hew at the Safe Drinking Water Branch. Please call 808-586-4258 (Honolulu) or call direct toll free: Kaua'i 274-3141, ext. 64258; Maui 984-2400, ext. 64258; Big Island 974-4000, ext. 64258; Molokai and Lana'i 1-800-468-4644, ext. 64258.

UIC CHANGE-OF-OPERATOR APPLICATION INSTRUCTIONS

(October 2000)

1. Provide the full facility name. This name will appear on all correspondence, official files, and the UIC permit.
2. Enter the street number and name, and related information. Enter the Tax Map Key number.
3. Enter the UIC permit number and the permit's expiration date.
4. Enter the facility identification number. (This number is based on the island and coordinates of the facility.)
5. Enter the injection well numbers that apply to this application.
6. Provide the name and address of the person, company, or corporation that owns the injection well under the existing UIC permit.
7. Provide the name and address of the business operator (existing permittee) of the injection well under the existing UIC permit. (The operator is often the owner of the injection well. The operator is not a service-provider contractor.)
8. Provide the name, position, company, address, and telephone number of a contact person for the existing UIC permit.
9. Provide a written acknowledgment and consent (letter) from the existing permittee regarding the intent to change operator. The letter should preferably be on the permittee's letterhead and signed by the appropriate authority.
10. Enter the intended date for the change of operator.
11. Provide the name and address of the new person, company, or corporation to own the facility.
12. Provide the name and address of the new business operator (new permittee) of the injection well. (The operator is not a service-provider contractor.)
13. Provide the name, position, company, address, and telephone number of the new contact person regarding the change of operator.
14. Check the appropriate box. The UIC permit should be carefully reviewed in answering this item.

15. Provide the information if applicable.
16. Check the appropriate box to describe the facility's interest in the land on which the facility is built. Fee simple refers to direct ownership. Leasehold refers to a lease agreement between the facility and the fee simple owner of the property. Provide the written acknowledgment and consent, if applicable.
17. Provide the information about the consultant who is servicing the application, if applicable.
- 18., 19., & 20.
Provide the requested information.
21. This statement must bear the original signature and identity of the applicant. Typically, all UIC correspondence will be made to this person. (Courtesy copies of correspondence will be sent to the consultant, if any, who is processing the application.)

UNDERGROUND INJECTION CONTROL (UIC)

Department of Health
State of Hawaii

CHANGE-OF-OPERATOR APPLICATION FOR A UIC PERMIT TO OPERATE

\$100.00 Filing Fee
(Revised October 2000)

Submit complete application and attachments to:

Department of Health
Environmental Management Division
Safe Drinking Water Branch
919 Ala Moana Blvd., Room 308
Honolulu, Hawaii 96814

Reference Document:

Hawaii Administrative Rules, Title 11
Department of Health
Chapter 23
Underground Injection Control

For Office Use: _____

1. Facility Name: _____
2. Facility Location:
Street Address _____
Town _____ District _____
Island _____ Zip Code _____ TMK No. _____
3. UIC Permit No.: _____ Expiration Date: _____
4. Facility Identification No.: _____
5. Injection Well No(s).: _____
6. Prior Facility Owner: _____
7. Prior Facility Operator: _____
(Repeat entry even if same as item No. 6)
8. Prior Facility Contact Person:
Full Name _____ Position _____
Company _____
Address _____
Telephone No. _____ FAX No. _____
9. Attach a written acknowledgement and consent from the prior facility operator (existing permittee) for this application and the intent to change operator.
10. Date of Change-of-Operator: _____
11. New Facility Owner: _____
12. New Facility Operator: _____
(Repeat entry even if same as item No. 11)

13. New Facility Contact Person:

Full Name _____ Position _____
Company _____
Address _____
Telephone No. _____ FAX No. _____

14. Check appropriate box. Upon change of operator, the injection well operation and characteristics, as related to the descriptions, limitations, and conditions contained in the UIC permit:

~ will not change ~ will change (complete item No. 15)

15. Describe all changes to the injection well operation and characteristics. Major changes may require the use of a different application form. Contact the UIC program before submitting this application if major changes are expected.

16. Check appropriate box:

~ Fee simple property. Owner: _____

~ Leasehold property. Owner (Lessor): _____

If the facility is on leasehold property, attach a written acknowledgement and consent of this application from the fee simple owner (lessor) of the property.

17. Consultant servicing this application:

a. Full Name _____ Position _____
b. Company _____
c. Address _____
d. Telephone No. _____ FAX No. _____

18. Additional Information: Provide the following information if specified here. After review of this application, further information may be requested.

19. \$100.00 Filing Fee: ~ Attached ~ Not required, operated by governmental agency.

20. Date of this application: _____

21. Attach Signatory and Certification Statement. Fill all items completely.

SIGNATORY AND CERTIFICATION STATEMENT
FOR UNDERGROUND INJECTION CONTROL (UIC) SUBMITTALS
(submitted Statement shall bear an original signature and date -
photocopy signatures are unsatisfactory.)

I certify that:

(for a municipal, state, federal or other public agency)

I am a principal executive officer or ranking elected official; or

In the case of Federal agencies, I am the chief executive officer of the agency, or
I am the senior executive officer having responsibility for the overall operations of
a principal geographic unit of the agency.

(for a partnership or sole proprietorship)

I am a general partner (partnership) or a proprietor (sole proprietorship).

(for a corporation)

I am President, Vice President, Secretary or Treasurer of the corporation and in
charge of a principal business function, or I perform similar policy or decision
making functions for the corporation; or

I am the manager of one or more manufacturing, production or operating facilities
employing more than 250 persons or having gross annual sales or expenditures exceeding
\$25 million (in second-quarter 1980 dollars), and authority to sign documents has been
assigned or delegated to me in accordance with corporate procedures.

I certify under penalty of law that this document and all attachments were prepared under my
direction or supervision in accordance with a system designed to assure that qualified
personnel properly gather and evaluate the information submitted. Based on my inquiry of the
person or persons who manage the system, or those persons directly responsible for gathering
the information, the information submitted is, to the best of my knowledge and belief, true,
accurate, and complete. I am aware that there are significant penalties for submitting false
information, including the possibility of fine and imprisonment for knowing violations.

Description of Document

Application

Type of Organization (please circle):

- | | | |
|------------------------|--|----------------|
| 1. Sole proprietorship | 2. Partnership | 3. Corporation |
| 4. Municipal | 5. State, federal or other public agency | |

Signature _____

Name (Print) _____

Title _____

Date _____

Company Name _____

Address _____

Phone Number () _____ FAX Number () _____